

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	TREATMENT OF EXCESSIVE OSTEOLYSIS WITH INDOLINONE COMPOUNDS
Attorney Docket Number::	034536-1035
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Lesley
Family Name::	Murray
City of Residence::	San Jose
State or Province of	California
Residence::	
Country of Residence::	US

**Street of mailing address::** 7181 Blue Hill Drive  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 95129

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Ireland  
**Status::** Full Capacity  
**Given Name::** Anne-Marie  
**Family Name::** O'Farrell  
**City of Residence::** Menlo Park  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 844 Fremont Street, #4  
**City of mailing address::** Menlo Park  
**State or Province of mailing address::** CA  
**Postal or Zip Code of mailing address::** 94025

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Tinya  
**Family Name::** Abrams  
**City of Residence::** Pacifica  
**Country of Residence::**  
**Street of mailing address::** 105 Esplanade Street  
Apt. #44  
**City of mailing address::** Pacifica

**State or Province of mailing** CA  
**address::**  
**Postal or Zip Code of mailing** 94044  
**address::**

#### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

#### **Representative Information**

<b>Representative Customer Number::</b>	30543	
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#### **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/448,861	02/24/2003

#### **Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

#### **Assignee Information**

**Assignee name::** SUGEN, INC.